

ISSUB SLIP STAFF AREA (for additional cross references)

| POSITION | DETAILS | ID NO. | DATE |
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| FEE DETERMINATION | <i>[Signature]</i> | <i>[Signature]</i> | 2/19/99 |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | 16 | 2/9/99 |
| FORMALITY REVIEW | <i>[Signature]</i> | 67475 | 2-25-99 |

INDEX OF CLAIMS

Rejected _____ N _____ Non-elected
 Allowed _____ I _____ Interference
 (Through numerical) Cancelled _____ A _____ Appeal
 Restricted _____ O _____ Objected

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Best Available Copy

If more than 150 claims or 10 actions
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